



***From the Chapter President:  
A Tale of Two Michaels***

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March 7 was the day planned for the arrival of my third grandchild, Michael. I had planned to work in my office that morning (a typical busy Monday), then drive to Demopolis to visit with the new baby and his family, and finally go on to Birmingham for the Emergency Medicine Disaster Conference at Children's Hospital. Although Michael was to be delivered by planned C-section at a rural hospital in the Black Belt, I knew he would be in good hands with a well-trained pediatrician with many years of experience.

My plans were changed, however, when I received the dreaded 2:30 a.m. STAT page to Labor and Delivery (I wrote about that topic some 15 years ago for this very newsletter). A young woman who was 29 weeks pregnant had just arrived by ambulance from Atmore with abruptio placenta, and an emergency C-section was underway. Within a few minutes, I was scrubbed and in the OR. We all breathed a sigh of relief when the obstetrician handed me a crying baby larger than the expected 29-weeker!

Our celebration was short-lived, however; within a few minutes it was obvious that something was seriously wrong. The baby remained blue in spite of 100 percent oxygen, suctioning and drying. He was not tachycardic and his respiratory distress seemed minimal. My nurse practitioner heard the murmur first. We called the NICU transport team at USA Children's and Women's, and four hours later, the baby was on his way to Mobile. By then it was time for me to face Monday morning patients at the office. A few hours later Dr. Anne Hackman, a pediatric cardiologist at USA, called to tell me that the baby had Tetralogy of Fallot.

That afternoon I slept in the car as my husband drove me to Demopolis. We met Michael Benjamin Raulerson (8 lbs., 15 oz.!) and visited with his parents and older brother and sister. I drank coffee and enjoyed our evening. Too tired to go on to Birmingham, we returned home.

Early the next morning I visited the young mother, Ms. Matthews, in Brewton. She seemed unusually optimistic as she told me her baby was being sent by Life Flight to Birmingham for emergency surgery. "He'll be okay," she said. "You see, he is named 'Michael' for the archangel!" My Michael is named for his two uncles, Michael and Benjamin, but his mom, Rebecca, had told me several months ago that he is also named for the archangel!

The first Michael, the only child of a young and single college student, is receiving state-of-the-art care paid for by Alabama Medicaid. My grandson Michael, born in a rural hospital where funding for maternity care is predominantly from Medicaid, also received state-of-the-art care. Although my grandson has Blue Cross Blue Shield insurance, both Michaels depend on a system of care that, in turn, relies on our state's Medicaid program.

Twice in the last two months I have heard comments to the effect that there should be no entitlements -- instead of supporting increased funding for Medicaid, we should encourage people to work and pay for their own health care. My question for them is, "How much do you pay for insurance?" For my family it is over \$500 a month! I am thankful that we can afford it--but most of the families I see need that money for food and housing. Sixty percent of the children in my practice have Medicaid--most of their parents have no insurance for themselves! If Medicaid was not paying 50 percent of the bills in my office, I couldn't afford insurance for my employees or myself. Our hospital could not afford the nurse practitioner who helped stabilize the first Michael, there would be no transport team for any sick baby from our community, and our children's hospitals would not be providing the state-of-the-art care that they do.

What would be the cost of private insurance for Michael Raulerson if there was no Medicaid to pay for the care of Michael Matthews?

*Dr. Raulerson is President of the Alabama Chapter of the American Academy of Pediatrics and was recently installed as President of the Medical Association of the State of Alabama.*